2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P04000096059

Entity Name: UNIQUE FAMILY CARE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

120 US HWY 1
STE 2
N. PALM BEACH, FL 33408

New Principal Place of Business:

421 NORTHLAKE BL VD
H
N. PALM BEACH, FL 33408

Current Mailing Address:

120 US HWY 1
STE 2
N. PALM BEACH, FL 33408

New Mailing Address:

421 NORTHLAKE BL VD
H
N. PALM BEACH, FL 33408

FEI Number: 56-2467876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEREKESS, VASILIJS
120 US HWY 1
STE 2
N. PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

GOEGELMAN-KEREKESS, CINDY
421 NORTHLAKE BLVD
H
N. PALM BEACH, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CINDY GOEGELMAN KEREKESS 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOEGELMAN-KEREKESS, CINDY M PRESIDE
Address: 126 SEASHORE DRIVE
City-St-Zip: JUPITER, FL 33477 PB

Title: V (X) Delete
Name: KEREKESS, VASILIJS
Address: 126 SEASHORE DRIVE
City-St-Zip: JUPITER, FL 33477 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY GOEGELMAN-KEREKESS MS 05/01/2009
Electronic Signature of Signing Officer or Director Date